

**OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

**Ralph T. Hudgens, Commissioner****2 Martin Luther King Jr., Dr., Suite 920, West Tower, Atlanta, GA 30334****Phone: 404-656-2064 ♦ Fax: 404-463-0769 ♦ E-mail: [engineering@sfm.ga.gov](mailto:engineering@sfm.ga.gov)****[www.oci.ga.gov](http://www.oci.ga.gov)****OWNER'S APPLICATION FOR PERMIT TO OPERATE  
WATER PARKS, AMUSEMENT OR CARNIVAL RIDES****SAFETY FIRE  
SAFETY ENGINEERING  
GID-292-SF MAR2013  
(same as DOL-4259)**

Each owner, manager, or lessee shall apply for a permit on or before January 1, of each year on forms furnished by the Department. **(ALLOW AT LEAST THIRTY (30) DAYS TO PROCESS YOUR APPLICATION AND SCHEDULE THE INSPECTION).**

All owners, manager, or lessee must obtain a permit prior to operating any ride within the State. The following information must accompany this application: an itinerary and dates of use, a list of all rides and serial numbers, a certificate of insurance, and the fees. Also include the **CITIZENSHIP AFFIDAVIT FORM GID-276-EN (ILLEGAL IMMIGRATION REFORM AND ENFORCEMENT ACT).**

**The owner of any itinerant carnival ride which is located within the state must continuously maintain in this state a registered agent of record, which agent may be an individual who resides in the state and whose business address is identical with the address of the owner's required office.**

**Address To Remit By Mail:****Office Of Insurance And Safety Fire Commissioner  
Fire Safety Division – Safety Engineering  
P.O. Box 935467  
Atlanta, GA 31193-5467****Address To Remit By Courier:****Office Of Insurance And Safety Fire Commissioner  
Fire Safety Division – Safety Engineering  
P.O. Box 935467  
Wells Fargo Lockbox Services  
3585 Atlanta Ave., Hapeville, GA 30354**

**YOU WILL NEED TO COMPLETE ALL OF THE FOLLOWING SECTIONS AS APPLICABLE TO YOUR OPERATION.**

**CARNIVAL (Mobile Rides)**

COMPANY NAME \_\_\_\_\_

OWNER/MANAGER/LESSEE \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_

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**AMUSEMENT** (Permanent Park Rides)

COMPANY NAME \_\_\_\_\_

OWNER/MANAGER/LESSEE \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_

NAME OF CONTACT \_\_\_\_\_

DATES OF USE: OPERATING DATE \_\_\_\_\_ CLOSING DATE \_\_\_\_\_

**The \$65.00 per ride and \$50.00 permit fee as required by the regulations must be enclosed and payment must be by certified cashier's check or money order.**

**NOTICE:** THE FOLLOWING INFORMATION MUST BE AVAILABLE FOR REVIEW AT THE TIME OF INSPECTION ON BOTH AMUSEMENT AND CARNIVAL RIDES.

- The ride manufacturer's manual showing the erection, maintenance and operation of the ride. For out of production rides the ride owner/operator must develop a manual which will be in compliance with the A.S.T.M. requirements and the Georgia Law and Rules.
- All daily inspection and maintenance reports, also any mechanical failure reports for the current and previous year.
- All incident/accidents shall be reported as required and kept on file for the current and previous year.

**THE FOLLOWING INFORMATION SHOULD ALSO ACCOMPANY YOUR APPLICATION FOR A PERMIT.**

**When non-destructive tests are required on your ride, the following information must be on the non-destructive test report:**

- Name and address of testing firm.
- Name and address of ride owner.
- Date and location the test was performed.
- Name of the amusement device, manufacturer's name, and serial number, part name, part number, and quantity of each part tested.
- Criteria used for the acceptance and/or rejection of the part(s). A statement that the test was performed in compliance with the ride manufacturer's bulletin number and date of publication and or revision.
- A description of the test equipment by name and serial number, results of the test with a detailed map or drawing which shows the location of the area tested and if rejected, the area of repair.
- The signature and level of certification of the person performing the test, and the signature and the level of the person interpreting the results must be a level II or III.

All non-destructive renewal tests must be forwarded to the Safety Engineering Section for enclosure in your permit file.

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- If an independent ride operator wishes to book in under your permit and insurance, there must be a signed and notarized lease agreement giving the dates and terms of the lease submitted with this application. If they do not set up under your permit and insurance, they will need to obtain their own permit prior to operation.
- **LIST ALL LOCATIONS, AND PLAY DATES AND THE TIME AND DAY YOU NEED AN INSPECTION PRIOR TO OPERATION** (provide directions to the location).

ITINERARY			
LOCATION (Address, Hwy, County, etc.)	Need Inspection	DATES	
		From	To

**IF NECESSARY USE ADDITIONAL SHEET(S) OF PAPER**

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AMUSEMENT/CARNIVAL RIDE LIST

	Ride Name	Manufacturer	Ride Serial Number	State ID Number
1.				
2.				
3.				
4.				
5.				
6.				
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21.				
22.				

IF NECESSARY USE ADDITIONAL SHEET(S) OF PAPER. (PLEASE TYPE OR PRINT RIDE INFORMATION)